



Accounting Services
Georgia Highlands College

3175 Cedartown Highway
Rome, GA 30161

PAYMENT REQUEST FORM

** Use a P-card for expenditure if allowable under the statewide P-card policy. Find out if expenditure is allowable by viewing the [P-Card Policy](#).

** If a purchase order was used for expense, please indicate PO# in distribution information below.

DEPARTMENT REQUESTING THIS PAYMENT

* Allow a minimum of five (5) business days for processing.

Department Name: _____ Contact: _____

Phone #: _____ E-mail: _____

Date Requested: _____ Date Required: _____

PAYMENT REQUEST APPROVALS

Approver Signature: _____ Date: _____

Dept. Head Signature: _____ Date: _____

SPECIAL HANDLING REQUEST

*Please bring a picture ID for identification purposes.

Hold check for dept. pickup? ☐ To be picked up by: _____ Phone #: _____

DISTRIBUTION INFORMATION

Invoice Number: _____ Invoice Date: _____ P.O. Number: _____

Amount	Account	Department	Fund	Program	Class	Project
	Total Amount					
Justification for Payment Request						

VENDOR INFORMATION

*[W-9](#) is required to be filled out and submitted with this form

Vendor/Payee Name: _____ Vendor ID: _____ GHC Employee? ☐ Yes ☐ No

Social Security Number: _____ Federal ID Number: _____

Remit Address: Street/P.O. Box: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

* TO BE COMPLETED BY ACCOUNTS PAYABLE *

Processed By: _____ Voucher Number: _____

Date Processed: _____